

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO. 218

27 OF DEATH AND 164 RESIDENCE 1308	1. PLACE OF DEATH A. COUNTY Maricopa		B. LENGTH OF STAY IN THIS TOWN IN ARIZONA 11 days 30 yrs.		2. USUAL RESIDENCE (WHERE DECEASED LIVED. IF INSTITUTION: RESIDENCE BEFORE ADMISSION) A. STATE Arizona B. COUNTY Maricopa					
	C. CITY OR TOWN Phoenix		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN Glendale <input type="checkbox"/> IN CITY LIMITS <input checked="" type="checkbox"/> OUTSIDE CITY LIMITS					
	D. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Good Samaritan Hospital				D. STREET ADDRESS (IF RURAL, GIVE LOCATION) Rt. 3, Box 832					
CEDENT PERSONAL DATA 162 9 155	3. NAME OF DECEASED (TYPE OR PRINT) A. (FIRST) CANDIDO		B. (MIDDLE) LOPEZ		C. (LAST) VIZCAYA		4. SEX male	5. COLOR OR RACE white	6A. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) married	
	6B. NAME OF SPOUSE Maria Vizcaya		7. DATE OF BIRTH MONTH 10 DAY 3 YEAR 1892		8. AGE (IN YEARS LAST BIRTHDAY) 62		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) Dairyman			
	9B. KIND OF BUSINESS OR INDUSTRY farming		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Spain		11. CITIZEN OF WHAT COUNTRY? USA		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE) no		13. SOCIAL SECURITY NO. none	
	14A. FATHER'S NAME Santiago Vizcaya		14B. BIRTHPLACE (STATE OR COUNTRY) Spain		15A. MOTHER'S MAIDEN NAME Josephine Lopez		15B. BIRTHPLACE (STATE OR COUNTRY) Spain			
	16. INFORMANT'S SIGNATURE Albert Vizcaya		ADDRESS Glendale		17. DATE OF DEATH (MONTH) 1 (DAY) 21 (YEAR) 1955					
CAUSE OF DEATH EM 18)	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), OR (C). THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHENIA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) Osteomyelitis DUE TO (B) Disseminated Streptococcus DUE TO (C) II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.						INTERVAL BETWEEN ONSET AND DEATH	
	19A. DATE OF OPERATION Medical certification		19B. MAJOR FINDINGS OF OPERATION Incision and drainage of abcess - left hip						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
MEDICAL CERTIFICATION	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 10-12, 1954, TO 1-21, 1955, THAT I LAST SAW THE DECEASED ALIVE ON Jan 21, 1955, AND THAT DEATH OCCURRED AT 6.10 P.M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.									
	22A. SIGNATURE V. Berney, Jr. M.D.		(DEGREE OR TITLE)		22B. ADDRESS 1313 No. 2nd St.		22C. DATE SIGNED 1-24-55			
DEATH DUE TO EXTERNAL VIOLENCE	23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY)		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		23C. (CITY OR TOWN) (COUNTY) (STATE)					
	23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?					
	24A. CORONER'S SIGNATURE		24B. ADDRESS		24C. DATE SIGNED					
GENERAL DIRECTOR AND REGISTRAR	25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE 1-24-55		25C. NAME OF CEMETERY OR CREMATORY Resthaven Park Cemetery		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Glendale Arizona			
	26A. DATE REC. BY LOCAL REG. 1/24/55		26B. REGISTRAR'S SIGNATURE Robert D Lundberg		27A. FUNERAL DIRECTOR'S SIGNATURE Robert D Lundberg		27B. ADDRESS Glendale Ariz.			